



Bib Data Sheet


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<b>SERIAL NUMBER</b> 08/918,288	<b>FILING DATE</b> 08/25/1997 <b>RULE</b> -	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 295002005025
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**APPLICANTS**
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 WILLIAM R. MOYLE, PISCATAWAY, NY ;
**\*\* CONTINUING DATA \*\*\*\*\***
 THIS APPLICATION IS A CIP OF 08/853,524 05/09/1997 ABN  
 WHICH IS A CIP OF 08/475,049 06/07/1995 ABN  
 WHICH IS A CIP OF 08/351,591 12/07/1994 ABN  
 WHICH IS A CIP OF 08/334,628 11/04/1994 PAT 5,705,478  
 WHICH IS A CIP OF 08/310,590 09/22/1994 ABN  
 WHICH IS A CIP OF 08/289,396 08/12/1994 ABN  
 WHICH IS A CIP OF 08/199,382 02/18/1994 ABN
**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 01/15/1998

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**
 MORRISON AND FOERSTER  
 2000 PENNSYLVANIA AVENUE N W  
 WASHINGTON, DC 20006
**TITLE**

SINGLE-CHAIN FORMS OF THE GLYCOPROTEIN HORMONE QUARTET

<b>FILING FEE RECEIVED</b> 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ex'l. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
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